

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

SATURDAY, MARCH 31, 1883.

Original.

ACUTE ARTICULAR RHEUMATISM IN A
CHILD THREE WEEKS OLD.

BY J. P. THOMAS, M.D.

As rheumatism is an affection confined, for the most part, to youth and adult life, rarely occurring before puberty, it may not be without interest to report a case at so early a period of *infancy* as the title of this paper indicates. This generally accepted view, "that rheumatism is so extremely rare during infancy and early childhood," has impressed the belief upon the general profession that diseases of the heart are also of rare occurrence in childhood. Yet from observation I am convinced that both impressions are far from correct. Heart disease is, without doubt, a concomitant of other diseases incident to childhood besides rheumatism. Scarletina, measles, chorea, and pneumonia are four diseases in which I have seen endocarditis develop. I am satisfied that this view of the subject, expressed by many writers on both rheumatism and cardiac diseases being of rare occurrence in early childhood, is not so prevalent as one might naturally infer from reading the numerous text-books. Further, it is well calculated to put the young practitioner off guard, and cause the careless observer to overlook a case of "infantile rheumatism," and certainly cardiac trouble, in the very young. For this reason principally, and because it was complicated with bronchopneumonia, I report the following case.

Niemeyer says "the disease is rare in early childhood and old age;" Wood, "that children under ten years and adults under sixty are seldom attacked." The few cases that Senator quotes as having been reported by different observers he evidently considers as errors in diagnosis, and seems to think it

very uncertain as to its occurrence during the period of early childhood, and never under four years.

On the contrary, Sir Thomas Watson says, "I have repeatedly seen it in children, sometimes as early as the third year," thus plainly implying this to be the earliest period of an attack of rheumatism; though Flint says it may be congenital and it may be inherited, yet that it rarely occurs under fifteen years.

Dickson: "I have seen it exquisitely developed in a child of three years."

West says, "Rheumatism, if less frequent in children than in the adult, is yet associated with affections of the heart in a greater proportionate number of instances in the child."

In fact, from several other writers referred to, I find this to be generally accepted as demonstrated from observation.

More recently Bartholow repeats, "It rarely occurs before seven years," and Bristow, says that "young infants are scarcely if ever attacked."

That rheumatism reaches the heart in children much more frequently than in the adult, all observers know—another reason why we should more closely watch, not only every case of developed rheumatism, but be on guard, expecting, as it were, to see the heart involved in every case of scarlatina, measles, diphtheria, chorea, and pneumonia. As some one has said, "a sore throat in a child is sufficient to cause suspicion of heart trouble."

As a rule, rheumatism may not occur so frequently during infancy or very early childhood, and the aged may also escape; but it can not be that these periods of life are exempt *per se*, but simply because at these ages they are not so liable to the exciting cause, exposure to cold and the vicissitudes of weather. Exposure to sudden changes of weather, especially when accompanied by dampness, is admitted by all writers to be

the principal exciting cause, by checking the cutaneous and other excreting organs, and of course preventing proper elimination of the poison, which I believe is always present in the blood of those predisposed to, or rather those inheriting a rheumatic diathesis. That this poison, let it be lactic acid in excess, or whatever it may be—perhaps decomposed or effete tissue combined with a crisis in the blood—acts by irritation upon some one of the spinal tracts in the cord, establishing a vasomotor center, and thus develops all the phenomena of the various forms of rheumatism; for there must be a sort of stegnosis, or reflex originator, for almost every departure from health, no matter what the excitant of such center may be, mechanical, chemical, or what not. That cases of "infantile" rheumatism are not so rare as the literature of the disease would lead us to infer, I am certain from a limited personal experience. I have observed, in my own practice alone, five cases of well-developed rheumatic fever in children between one and two years of age, besides a few in the practice of confrères. One of these is especially remembered because of its disturbing complication. It is indelibly impressed upon my memory from the fact that the choreic movements so aggravated and increased the suffering of the little two-year-old patient that his death was due principally to exhaustion from intense and unbearable pain. This, like most diseases, is much more frequent among the children of the poor, because they are not so warmly clothed or housed as children of the rich. Consequently I am forced to the conclusion that the views so generally entertained by the profession, and so repeatedly expressed by the various authors of text-books, "that the very young and very old are not so liable to rheumatism," is erroneous, and not the result of clinical observation, but simply compiled from their predecessors. If necessary, I could cite a number of instances of acute rheumatism occurring in old people for the first time. It seems to me, however, that the same reasoning is fairly admissible in the case of the very old as that advanced in regard to the very young, that they labor less, and are more rarely exposed to the vicissitudes of weather, and in this way are less liable to rheumatism.

From the history and antecedents of the following case, I am inclined to think it a case of congenital acute articular rheumatism, and that the disease of the ankle and knee joints, though not recognized for sev-

eral days after birth, was developed in utero. The mother, Mrs. G., is the subject of occasional attacks, in first one joint and then another, of hereditary rheumatism; once or twice of shoulders and intercostal muscles, on one occasion threatening the heart seriously.

Her father, after several attacks of acute rheumatism involving every articulation, finally died of what his physicians pronounced "rheumatism of the brain."

She has only one brother, no sister; he is also the subject of the subacute form of the disease.

Mrs. G. was delivered of a female child after a normal labor on December 23, 1882. This was her second accouchment; the first was a very severe and prolonged labor, finally terminated by forceps delivery; child male. The infant, so far as recognized, was in perfect health at the time of its birth, December 23, 1882. But on January 14, 1883, I was sent for, on account of "a bad cold, difficult breathing, and because something hurt it whenever it was moved."

I was informed by the mother (very intelligent) that "the baby had never been right since its birth;" she said, "though in apparent health, with a good appetite, and quiet and good when perfectly still—when it was moved the least bit, it invariably screamed out as if in extreme pain; that this was especially the case when its feet were grasped and the hips raised for the purpose of removing and replacing the diaper." On careful auscultation, a diagnosis of double lobar pneumonia with bronchitis was clearly made.

I suppose that finding sufficient disease in the lungs (with a very high temperature and a pulse beyond enumeration) to render the prognosis extremely doubtful in one so young occupied my attention to the exclusion of the above statement of the mother, or that I attributed it (the pain on being moved) to the soreness of the chest as result of the pneumonitis and bronchitis. At any rate I gave it no attention, but directed my treatment to the lung trouble alone.

January 14th. Skin hot, but moist; tongue coated; pulse very frequent; cough deep, but not frequent; patient very restless, tossing its hands about; thirst so great that it would swallow ravenously any liquid, medicine or not, placed to its lips. Prescribed:

R Carb ammonia, 3j;
Aqua mentha, }
Syrup acacia, } aa 3j.
M. One teaspoonful every hour in breast-milk.

Calomel and ipecac, each four grains, in six powders, one every three hours. To procure sleep:

R Potassii bromid. 3j;
Pulv. ipecac, et. opii, grs. viij;
Aquaæ, } aa 3j.
Syr. simp., }

Sig.: One teaspoonful as necessary.

January 15th. Cough more bronchial and frequent; temperature less; fever not so high; still extremely restless, except when fully under the hypnotic mixture; little improvement; excessive bronchial secretion. Increased dose of ammonia and two drops fluid extract ergot to each dose; hot application to lungs.

January 16th. Cough not so moist; dry râles; fever lower; skin soft and moist; cantharidal vesicant over both lungs, and to keep covered with warm water cloths; leave off ergot; repeat anodyne ointment; continue treatment.

January 17th. Decided improvement in lung sounds; fever more intermittent; pulse 140; perspiration free; rests well under increased doses of hypnotic, but still cries when feet are touched. This morning the stereotyped question, "Doctor, what makes the baby seem to suffer so much when its feet are raised?" was repeated, and I made an examination of its lower limbs. To my surprise, found left knee and ankle very much swollen; hot skin, slightly red, around each joint; limb semiflexed, and popliteal muscles rigidly contracted. On trying to handle the limb, the child expressed by its cries extreme pain. Right limb slightly flexed, somewhat swollen, and tender, nearly as hot as left. I would parenthetically remark that there was no other thermometer than the hand used in this case, and that an educated touch is about as reliable as the average thermometers, as at present manufactured, which are unreliable, and produce more confusion in the mind of the practitioner with than without them.

Here was clearly acute articular rheumatism complicating broncho-pneumonia. The lungs still requiring treatment, and slight sore throat existing, and considering the rheumatism of secondary importance, its treatment was limited for several days to local applications consisting of flannels steeped in hot vinegar and gum camphor; except that one half grain of quinine was added every three hours.

January 18th. Resolution in lung established; only bronchial râles; very little fever; cough loose, and entirely bronchial;

swelling in knee and ankle nearly disappeared; can extend limb; not much pain complained of on movement.

Discontinued ammonia and ergot; prescribed:

R Syr. scilla, 3j;
Vin. ipecac., 3j;
Syr. senega, }

Mix. One teaspoonful as an expectorant.

Ordered weak toddy, and spine to be rubbed with whisky and quinia.

January 19th. Still improving; continued treatment; blister over lungs healed; no fever.

January 20th. Some fever; rather restless; left knee and ankle again swelling, notwithstanding the hot fomentations had been kept up. Prescribed:

R Salicylic acid, 3 ss;
Acetate potash, 3 ij;
Aqua menthae, }

Syr. limonis, aa 3j.

M. From one half to one teaspoonful every three hours.

Hypnotic and expectorant continued; stopped quinine, both internally and externally.

January 21st. So much better that I discontinued my visits for a few days.

January 23d. Still improving, except the bronchial cough was very frequent and annoying; tongue clean and appetite good; no fever.

January 27th. Was sent for, to find little patient's lungs overwhelmed with bronchial secretion so profuse as to threaten drowning; rheumatism in both lower limbs; head drawn back, right hand clawing at right side of head; rheumatism in left wrist and elbow joints; perspiration profuse, with acid smell.

The ammonia and ergot was given every half hour. An oiled feather was repeatedly twisted into the fauces and withdrawn, each time loaded with thick, ropy mucus. At one time artificial respiration was tried to restore breathing, which had entirely ceased. But by the persevering use of the feather and artificial respiration, aided no doubt by the frequently repeated doses of carb. ammonia and ergot, this suffocative stage of capillary bronchitis was bridged over, and the little sufferer saved from immediate death. The ammonia was continued every three hours, and the secretion never was excessive afterward.

January 28th. The skin became dry and hot after the breathing became natural, and the lung secretion was checked. The head

continued to be drawn backward to such an extent as to suggest cerebro-spinal meningitis; but on turning the child on its right side it was discovered that the rectus positicus, both major and minor, splenius capitis, etc., in fact all the spinal muscles, were in a state of rigid contraction; the whole surface up and down the spine was very hot and red, the left shoulder joint tumid, and very hot and tender; the spinal column itself was curved to the left. In other words, rheumatism had taken possession of nearly every muscle and articulation in the organism. A blister was painted the whole length of spine and cap of shoulder. The salicylate-of-potassa mixture continued, bromide potassa increased, with small doses of Dover's powders every four to six hours.

January 29th. Strange as it may appear, there was gradual improvement in every respect up to the 31st; on this day the head was mobile, spinal muscles relaxed and natural, knees and ankles apparently clear of tumefaction and soreness, rheumatism only recognizable in left shoulder and arm; patient looking calm and quiet, clear of fever, but still complained when its position was changed.

February 3d. Gaining some flesh; no fever; cough still rather frequent, but only sufficiently loose; appetite good; unable to use left arm; good use of both legs; looking about, and seeming to notice things. All medication discontinued except simple expectorant, and to be anointed over body and limbs with olive oil.

February 5th. Continues to improve, except not so good an appetite, probably owing to some absorption of the oil. Ordered five drops aromatic wine of iron and syrup rhei to keep bowels open, which were rather constipated.

February 6th. To-day somewhat restless; did not sleep as well as usual last night; could see no change for the worse, however. Appetite better; discharges from bowels healthy color; no tympanitis, which should have been mentioned as an almost constant condition of bowels throughout the case; but it was overlooked when taking notes of this case, except at this date.

February 8th. When on my way to visit child, passed by a neighbor, who said it had just died. On arrival, found some ladies shrouding it. Examined its body carefully, and found both shoulder-caps were drawn in toward the sternum so much that they (the ladies) found it difficult to approximate the hands over the chest. The spinal

column formed a complete lateral curve to the left side. The mother stated that within thirty minutes of its death it seemed as well as usual, and had nursed heartily, and she had replaced it in the crib and sat down by it, when she noticed a "frown," as if in some pain, and then without a gasp it ceased to breathe. She immediately sent out to the barn, where the father had gone in the morning "thinking the baby nearly well," but before he could reach the house, only a few hundred yards, the life of the little one was gone.

It is proper to state that the whole period of the child's illness was during a very cold spell of weather, when with the best effort it was impossible to keep the room at an equable temperature, and consequently with the best nursing this frail organism was subjected to many shocks from cold.

Was death produced by a sudden transfer of the rheumatism to the heart? or had endocarditis been gradually developed from the beginning of the combined attack of broncho-pneumonia and rheumatism? May not the rheumatism have been developed *in utero*? We know that endocarditis may progress gradually until the valvular complications are quite sufficient to produce death without even a rise of fever.

It is also proper to state that no special attempt was made but once to try to discover organic changes in the heart, and then I thought I could distinguish from the normal heart-sounds a feeble systolic murmur; but this is not always pathognomonic of endocarditis. I have little faith in the ability of the most skillful auscultator to discover abnormal sounds in the heart of one so young.

One point in the history of this case is specially interesting, and bears a lesson with it, and that is the wonderful vitality and tenacity for life exhibited by this *gossamer* organism—twenty-one days old when first discovered sick enough to demand medical attention; from then until death, twenty-four days. Think of such an infant, not robust at first, resisting the combined attack of three of the most formidable diseases in the nosological list, and actually recovering from two of them, so that, but for the attack of the third upon the citadel of life, it would have probably lived to a ripe old age; but in this event would have had spinal deformity.

The solution of salicylic acid and acetate of potassa, as published in the American Practitioner for May, 1880, in my hands has

answered a better purpose in the treatment of rheumatism than any of the soda compounds of the acid, or the acid alone. Also in the treatment of typhoid fever I have found it in many cases invaluable. Freshly prepared, it is, first, the most perfect solution of the acid ever devised; secondly, it is not only a better antipyretic, but a considerable diuretic. But though we can often abort the disease when confined to the externals, so-called, of the body, yet, alas, we have never yet found the drug that can cope with it when the heart is its point of attack. The solution of salicylic acid, as before referred to, has really so many advantages over the other compounds of salicin that I would again call the attention of the profession to its formula, and urge them to give it a trial:

R Salicylic acid, ss;
Acetate potassa, ij;
Aqua aromatic, iv;
Syr. limonis, 3 ij. M.

Usual dose for adult in rheumatism or typhoid fever, one tablespoonful every two or three hours, largely diluted with water.

PEMBROKE, KY.

COMMUNICABILITY OF TYPHOID FEVER. ILLUSTRATIVE CASES.

BY FAYETTE DUNLAP, M.D.

December 11, 1881, a young man arrived in Danville from a Western city in the fourteenth day of well-pronounced typhoid fever. His case was a severe one, and save a relapse from imprudence in diet it ran a typical course. On arrival he was taken to the home of a wealthy gentleman, and every comfort supplied him. During his illness the bedding was soiled by excreta (feces), and instead of being thoroughly cleansed was stored away in an unoccupied room by a thoughtless servant. This was done without the knowledge of the attendants, who were more than ordinarily cautious about sanitary affairs.

During the Christmas holidays the children of the house had the members of two or three separate families to visit them. While there this unoccupied store-room was set apart for their sports, and when fatigued they were in the habit of lying upon the mattress and bedding that had been taken from the couch of the fever patient. It is to be remembered just here that no one of the six persons who were subsequently attacked had been in the sick-room.

The same children continued to use this room at intervals for more than a month, and for this reason it is impossible to arrive at any definite period of incubation from these cases.

The date of the first visit to the room was December 27, 1881, and the time of the appearance of symptoms of the first case was January 13, 1882, seventeen days from exposure. Six cases in all were traceable to this one imported case, the time of attack varying between seventeen and thirty-one days.

It is true that there had not been a typhoid case in this community for fifteen months previous to the arrival of this young man from the West, and save these six cases, originating as above stated, none appeared for months subsequently. Members of families who were at the house frequently, but who did not go to this room where the soiled bedding was, escaped entirely, as did the nurses.

The feces were properly disposed of by disinfectants and burial, and it was not likely that the water-supply was contaminated. From all that can be gathered on the subject, it is generally believed that the great majority of typhoid fever patients receive the poison by means of their ingesta, and I have given these in detail to demonstrate the possibility of its entrance through the respiratory tract. The utmost care was employed by the nurses to dispose of the feces in a way that it was not possible for the water or food to have been poisoned by them. The escape of the sick-room attendants and visitors, and of those of families whose only cases were confined to the visitors to the room where the soiled bedding was, seems to prove that this small epidemic had its origin there, and communication was made through the respiratory function. The fact that no other cases were to be found in the community subsequent to these, adds testimony that this was the focus.

DANVILLE, KY.

THE total number of deaths reported in the United States during the census year was 756,893, equal to a death-rate of 15.1 per 1,000. It is considered, however, that the actual number of deaths was, in all probability, about 100,000 more than the figures given above. The deaths from diphtheria were 38,398, from typhoid fever 22,905, from malarial fever, 20,261, and the large number of 91,551 of consumption.

Miscellany.

KENTUCKY STATE MEDICAL SOCIETY.—The Chairman of the Committee of Arrangements and Credentials, Dr. Coleman Rogers, makes the following announcement: The Kentucky State Medical Society will convene at Masonic Temple, in Louisville, on Wednesday, April 4th, at 12 o'clock m. Arrangements are made with the Louisville Hotel for reduced rates for members, and also with the Chesapeake, Ohio & Southwestern R. R. Members will purchase tickets to Louisville at full rates and be furnished return tickets at one third regular rates. That the meeting will be a success scientifically is already assured by the promise of an unusually large number of papers. It is hoped that the occasion will, at the same time, be pleasant socially.

ANIMAL AND VEGETABLE FERTILITY.—The following extracts are made from Prof. J. Matthews Duncan's lecture on Sterility in Women in the British Medical Journal of March 10th. According to the investigators quoted by Dr. Duncan captivity lessens fertility, but comfortable domestication increases it. The wild animals and plants bring forth but once a year as a rule, and bring forth sparingly. When properly cultivated, under favorable food and climate influences, their frequency and amount of production are exceedingly increased. Hybridism is rare in the wild state, more frequent in domesticity, and most frequent in captivity. This is true of plants as well as of animals. In captivity—plants in pots and hot-houses, and animals in cages—a remarkable distortion of sexual taste sometimes occurs. For instance, birds and flowers which will not procreate with their own species, will engage in fructification with entirely distinct species. Racibozski, commenting on the finer breeds of cattle requiring the male more often than inferior breeds, says, "In this is observed a singular privilege of the aristocracy of the bovine race."

INBREEDING.—If we were to pair brothers and sisters in the case of any pure animal, which from any cause had the least tendency to sterility, the breed would assuredly be lost in a few generations. Long-continued close interbreeding between the nearest relations diminishes the constitutional vigor, size, and fertility of the offspring; and occasionally

leads to malformations, but not necessarily to general deterioration of form or structure. This failure of fertility shows that the evil results of interbreeding are independent of the augmentation of morbid tendencies common to both parents, though this augmentation no doubt is often highly injurious. Our belief that evil follows from close interbreeding rests to a large extent on the experience of practical breeders, especially of those who have seen many animals of the kind which can be propagated quickly; but it likewise rests on several carefully recorded experiments. With some animals, close interbreeding may be carried on for a long period with impunity, by the selection of the most vigorous and healthy individuals; but, sooner or later, evil follows. The evil, however, comes on so slowly and gradually, that it easily escapes observation, but can be recognized by the almost instantaneous manner in which size, constitutional vigor, and fertility are regained when animals that have long been interbred are crossed with a distinct family.—*Darwin*.

[So says tradition also; but Mr. Darwin is not infallible and tradition is commonly in error. The very best strains of cattle, horses, and dogs now known are closely inbred.]

TWO EGGS A DAY.—Overfeeding, or the production of obesity in the female, is well known to be hostile to fertility, to be an illustration of the opposition of individuation to genesis. By special feeding and fattening turkeys and common fowls, the hen-wife arrests almost completely the production of eggs. They may also be made fewer by starving the birds, and not fewer only, but also smaller. These birds, when highly fed, sometimes exhibit excessive productivity, two eggs being laid daily, an instance of great intensity of fertility.

COCOANUT TREE.—The cocoanut for some years goes on shooting up without making any signs of becoming fertile. About the sixth year it flowers, but the flowers wither without result. In the seventh year it flowers and produces a few nuts, but these prove abortive and drop. In the eighth year it ripens a moderate number of nuts, and afterward increases the number, until, in the tenth year, it comes into full bearing. Meanwhile, from the time of its first flowering, its growth begins to diminish, and goes on diminishing till the tenth year, when it ceases.—*Spencer*.

The Louisville Medical News.

Vol. XV. SATURDAY, MARCH 31, 1883. No. 13.

LUNSFORD P. YANDELL, M.D., - - -
L. S. McMURTRY, A.M., M.D., - - - Editors.

A journal of Medicine, Surgery, and the Allied Sciences, published every Saturday. Price \$3.00 a year in advance, postage paid.

This journal is conducted in the interests of no school, society, or clique, but is devoted solely to the advancement of medical science and the promotion of the interests of the whole profession. The editors are not responsible for the views of contributors.

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THE KENTUCKY STATE MEDICAL SOCIETY.

In another column of this number of the NEWS will be found the announcement of the Chairman of the Committee of Arrangements and Credentials as to the hour and place of meeting of the Kentucky State Medical Society on Wednesday next. The annual session of the society always furnishes the occasion for a pleasant reunion of the members of the profession in Kentucky. It is highly creditable to the profession of the State that this society has been fostered and supported through so many years by regular and devoted attendance, and by valuable scientific work. It is a matter for felicitation at this time that an unusually large number of papers have been placed on the programme for the coming session, and that the attendance promises to be thoroughly representative and large.

This journal will reach its readers almost on the eve of the session, and we would earnestly recommend every Kentucky doctor to *make it convenient* to be present. Nothing is so improving and vitalizing to a practitioner as to meet a large number of brother physicians for the interchange of ideas and discussion of new methods, and for examining modern views of old methods. In addition to the pleasure conferred, it absolutely

pays in a business way to embrace such an opportunity for improvement. Besides, it makes one more content with one's life and lot, and renews his interest in the profession to which his labors are devoted.

The Kentucky State Medical Society has every claim of tradition and association on the best efforts and most devoted labors of its membership. On the first day of October, in the year 1851, a convention of physicians of Kentucky was held in the senate-chamber of the State Capitol at Frankfort. Dr. W. L. Sutton was called to the chair, and Dr. Joshua B. Flint offered a resolution for the formation of a State medical society. Dr. W. S. Chipley, as chairman of a committee appointed for that purpose, reported a constitution which, on motion of Dr. S. D. Gross, was adopted. The convention then adjourned *sine die*, and the first annual meeting of the Kentucky State Medical Society was held. On motion of Dr. T. G. Richardson the Code of Ethics of the American Medical Association was adopted as the code of the society.

All the leading physicians of Kentucky at once became members of the society, and the organization thus founded soon became a great power in diffusing the knowledge of medical science throughout the State, in elevating and improving professional character and conduct, and in advancing the interests and efficiency of the medical profession in Kentucky. In the midst of the excitement and disturbance induced by the great civil war the meetings of the society were interrupted, and no sessions were held during that period of four years. As soon as peaceful pursuits were fully resumed, a large and representative meeting of the society was held in Louisville in April, 1867. From that time up to the present the society has convened with regularity, and continues to grow in usefulness and efficiency.

From the date of its organization the society has been in communication with the American Medical Association, and is annually represented by its delegates in that body. With the same earnestness it has

encouraged the formation of county and district societies throughout the State.

Until two years ago the society published an annual volume of *Transactions*, made up of the papers and discussions of each annual meeting. A large collection was thus made of valuable papers relating to the characteristics of disease in this region; to the study of the climatology of the State and analyses of its mineral springs; to original studies and clinical observations, and to the improvements in methods of investigation and treatment of disease and injury by means of instruments, apparatus, and therapeutic measures. These publications, together with similar publications of other State medical societies, form an important and valuable part of American medical literature. In 1879 the publication of the annual volume of *Transactions* was discontinued in view of the superior facilities offered by the medical press of this State for the diffusion of medical knowledge and literature. This action has given universal satisfaction, as the papers and discussions of the society are given wider circulation than by the old method, and are before the profession in a very short time after the session is held. The consequent decrease in the annual expenditure has enabled the society to establish a prize-essay fund.

In 1879 the society erected a monument over the grave of Dr. Ephraim McDowell, "the Father of Ovariotomy," at Danville. Appropriate dedicatory exercises were held under the auspices of the society, by which this great achievement was publicly claimed for American surgery. A beautiful memorial volume, containing the memorial oration of Dr. S. D. Gross, and other papers incident to the occasion, was published by the society and distributed to the members, to prominent physicians and surgeons of America and Europe, and to the great libraries and public institutions of the United States.

The Roll of Honor contains many names distinguished in the annals of American medicine, who, while living, gave to the society their devoted labors. Among them

are Caldwell, Drake, Cobb, Miller, Bartlett, Dudley, Bradford, Yandell, Rogers, Bush, Breckinridge, Chipley, Foree, Jackson, and Cowling.

It behooves the physicians of Kentucky to see to it that the trust handed down through more than thirty years, and adorned with the labors of these noble men, is faithfully and worthily discharged.

MORPHIA versus ATROPIA.

Numerous instances of the antidotal power of atropia in poisoning by morphia have of late years been placed on record, so that this agent by hypodermic exhibition has become one of the standard features of the treatment of cases of opium poisoning. There are numerous verified cases on record in which lethal doses of atropia have been administered in opium narcosis with most satisfactory results. At the same time it is well known that the administration of atropia, even in profound opium narcosis, in quantities larger than one fortieth of a grain, is always attended with danger. The reverse relation of these agents, atropia and morphia, has been quite generally denied. A correspondent of the *Medical Times* (February 24th), however, reports a case of poisoning by the ingestion of one grain of sulphate of atropia, which was treated by the exhibition of "from sixteen to eighteen grains of morphia" hypodermically. The report also states that the patient was not addicted to the use of the drug, and that no symptoms of narcotism were produced, the patient recovering. There exists every theoretical reason for the converse action of the antidotal effect of these drugs, yet it must require an accumulation of clinical facts before such enormous powers of neutralization can be accepted as is indicated in the case mentioned. The subject, however, deserves the attention of those having opportunities to test this converse antidotal power clinically as well as by physiological experiment.

WE heartily commend Major Wright's communication, which will be found elsewhere, concerning the great Southern Exposition, to our friends abroad and at home, and especially to our advertisers. This exhibition will be a noble affair, well worth a journey from world's end to world's end. Not only from the Southern States, but from the North and from the far-off lands, wondrous and useful and beautiful things will be gathered.

WE have received, too late for insertion in this issue, a communication from Dr. J. N. McCormack, of Bowling Green, relative to the State Board of Health of Kentucky. We stop the press to state that this communication will appear in our next number.

Useful Recipes.

DYSMENORRHEA MIXTURE.

R Pot. iod. 3 ij;
Ferri sulph., iss;
Aquaæ destill., 3 ij;
Tr. cardam., ss;
Syr. zingiberis, ss.
M. Teaspoonful three times a day, in a little water. Use two weeks before the period, for two periods.

This is an old formula. Originator's name forgotten.

L. P. Y.

HAIR TONIC FOR GENERAL USE.

R Burnett's coconine, 1 bottle;
Sulph. quin., 3 j.;
Sulphurous acid, 3 j.;
Tr. cantharides, 3 j.
M. Sig. Rub well into scalp with stiff brush every morning.

L. P. Y.

FOR CHRONIC CONSTIPATION.

R Ext. nux vomica, gr. x;
Ext. belladonna, gr. v;
Ext. colocynth co., 3 iv.
Make twenty pills.
Direct. One at bedtime as often as required.

L. P. Y.

UNIVERSITY DISPENSARY TONIC.

R Cinchon. sulph., 3 j;
Ferri sulph., 3 iv;
Cupri sulph., gr. xxxij;
Strychnia sulph., gr. xvj;
Acid. sulph. arom., 3 j;
Aquaæ, 0 iv.
M. Sig. Teaspoonful after each meal.

Dr. D. W. Yandell formulated this in 1855. It has remained in use ever since, giving great satisfaction, being inexpensive and efficacious.

L. P. Y.

Medical Societies.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Dr. Guy Hinsdale exhibited a series of specimens of cancer involving the stomach, liver, pancreas, rectum, and lung. They were obtained from recent cases at the Episcopal Hospital.

Carl W., aged forty-four, was admitted October 23, 1882. He had never been ill before, and his symptoms had been developed during the two weeks previous to admission. His bowels were regular; he had had no vomiting but had pain at the lower margin of the left ribs, with cough and friction sounds. Cachexia was marked, the abdomen was soft, a tumor was felt in the left hypochondriac region, the spleen was distinctly felt, and enlarged. The tumor increased in size, became more tender, and pain was at times very severe. The patient's appetite was gone, and emaciation was extreme. Twenty-six days after admission death occurred.

At the autopsy, fluid was found in the pleural, pericardial and abdominal cavities. There were old pleuritic adhesions. The roots of the lungs, the base of the left lung adjacent to the diaphragm, and the pleura beneath the ninth and tenth ribs were found to be the seat of cancerous deposit. The bronchial and the thyroid glands were very much hypertrophied but not cancerous. The cardiac extremity of the stomach was the seat of an extensive cancer, but the cardiac orifice was not involved and the mucous membrane not destroyed; the pyloric end was intact. The pancreas was the seat of cancerous growth. The liver was of a dark mottled color and showed numerous metastatic growths in an early stage of development; its weight was five pounds nine ounces. The spleen was greatly enlarged and the seat of small secondary deposits. Kidneys normal. Microscopic sections of the thyroid gland showed simple hypertrophy; sections of the metastatic growth in the liver showed scirrhus cancer.

CASE II. J. S., aged forty, admitted September 28, 1882. During two months previous to admission he had lost forty pounds of flesh. His skin had become very sallow, and vomiting, which at first was occasional, finally occurred after every meal. A tumor was distinctly felt on the left side above the umbilicus; it moved with respiration and was painful on pressure. Albumen was pres-

ent in the urine. The patient's mother had died of cancer of the stomach. After admission, the tumor increased in size, the patient grew weaker, vomiting frequently and passing clay-colored stools. Death occurred on the thirty-eighth day after admission.

At the autopsy, the heart, lungs, kidneys, and spleen were found in a normal condition; the stomach was very much dilated and contained undigested food. A cancer was found at the pyloric extremity. The walls of the pylorus were very much thickened, and its orifice admitted the thumb with difficulty. The liver was detached and found to be the seat of four large bosses of secondary cancer. Its weight was three pounds fourteen ounces. The gall-duct was unobstructed. A microscopic section of the growth in the stomach showed scirrhouous cancer.

CASE III. Cancer of the Stomach—Gastrocholic Fistula. C. W., aged sixty-six, was admitted June 13, 1882. His health had been good until four months previously, when he vomited some dark, bloody matter. Pain was occasioned, and occurred after eating. Vomiting had occurred once. Jaundice began three weeks before admission; the skin was dry, and the body not much emaciated. Stools regular, but clay-colored. The liver was slightly enlarged. Distinct nodular masses, slightly painful on pressure, could be felt in the epigastric and umbilical regions. The inguinal glands were slightly enlarged; the axillary glands remained normal. There was no cough; a faint, low, systolic murmur was heard at the aortic cartilages. The urine was dark yellow (sp. gr. 1.010) and contained no albumen. Vomiting, emaciation, and jaundice progressed, the tumors increased in size, and death occurred two months after admission.

At the autopsy a cancer was found at the pylorus. A fistulous opening large enough to admit the forefinger was found to exist between the stomach and transverse colon, which were infiltrated by the cancerous deposit and adherent to each other. The caliber of the colon was small. The mucous membrane of the stomach, at the seat of disease, was ulcerated and ragged. There was no dilatation or hypertrophy of the walls of the organ. The gall-bladder was distended, and both the pancreatic and common bile-duct were obliterated. Heart, kidneys, and other organs, showed nothing very unusual. The mesenteric glands were slightly enlarged. The spleen was small, and its hilus the seat of a hard, calcareous

plate; the organ was displaced, lying close against the diaphragm, some distance from the chest-wall, accounting for the perfect resonance which had been noted in the splenic region.

CASE IV. Rectal Cancer—Colotomy. John M., aged seventy-one, was admitted to the hospital October 26, 1882. He had always been healthy until three months previously, when the movements of his bowels became irregular. The patient suffered from diarrhea. His urine was albuminous, and contained hyaline casts. He had hydrocele. He denied specific history. Exploration of the rectum revealed malignant stricture an inch and a half from the anus. On account of the patient's age, operative measures were not contemplated until the passages became very difficult, and hiccup and stercoraceous vomiting demanded relief. This was temporarily afforded by the operation of left lumbar colotomy, which was performed by Dr. John H. Packard. Death ensued twenty-four hours later.

At the autopsy the wound was found in good condition. The descending colon was opened about three inches from the point of its bending downward. An enormous cancer was found involving the rectum and posterior wall of the bladder, and nearly filling the true pelvis. All the other viscera were in good condition. Microscopic sections showed the cancer to be scirrhouous.

CASE V. Cancer of the Rectum—Secondary Cancer of the Liver. Christian H. was admitted July 6, 1882. He was emaciated, weak, and cachectic. He stated that for twenty-seven years he had been perfectly well, but that two months previously he had noticed loss of flesh, and about the same time discovered a growth at the anus which was small, but which gave him a great deal of trouble at stool. Two weeks later he noticed that his feet and legs had become swollen; but it was not till his admission to the hospital that he became aware that there was any thing the matter with his abdomen. The patient's father probably died of cancer of the stomach. The anal growth was excised, and proved to be an adenoid type of malignant disease. Vomiting, dyspnea, and sallessness of the skin increased until his death, five weeks after admission.

The autopsy showed that the liver and rectum were the only structures seriously diseased. The liver was enormously enlarged, and filled the whole upper portion of the abdominal cavity. It was slightly adherent to the diaphragm and adjacent vis-

cera, and was studded with cancer nodules varying in size from that of a filbert to that of an egg, often coalescing, and pretty equally distributed over the surface. The whitish color of these nodules was in strong contrast with the dark color of the liver, giving it a variegated appearance. Its weight was ten pounds and four and a half ounces. The walls of the rectum, six inches from the anus, were infiltrated with the new growth. This was the primary seat of disease. The secondary growth was very rapid, almost entirely painless in itself, and disturbing the patient only by mechanical irritation of the stomach and the production of edema and ascites by interference with the circulation. Jaundice did not occur.

Microscopic sections of the anal growth revealed an adenoid growth resembling an aggregation of Lieberkühn's crypts. It was an example of an early involvement of the part. The growth higher up in the rectum was more advanced, and illustrated the encephaloid form of the disease. A section from the metastatic deposit in the liver showed a stroma of fibrous tissue with alveoli lined by epithelial cells, the peripheral cells retaining their *columnar* shape. It was an example of the reproduction in the liver of the same follicles found in the primary disease of the rectum.

MARCH 8, 1883.

Correspondence.

WAS IT MORPHIA?

Editors Louisville Medical News:

About four o'clock A.M., October 3, 1881, I saw Mr. R. K. F. He was laboring under considerable febrile and nervous excitement, and complained of cramping pains of his entire body and of jerkings like those of St. Vitus's dance; temperature 100, pulse quick and full. After a very hearty dinner he had slept till midnight, when he was awakened by the symptoms described, and sent for me. I emptied his stomach with ipecac, and promoted vomiting by tepid water until well cleansed, then gave him hypodermically one sixth of a grain of morphia and ordered the following mixture:

R. Pot. brom.,	3 ij;
Gelsem. fl. ext.,	gtt xl;
Aconiti, "	3 xij;
Ipecac., "	3 vj;
Aquaæ,	3 iii.

M. S. Tablespoonful every two hours.

At noon I found him more comfortable; temperature 103°, pulse 110. Continued the mixture every three hours till bedtime. At 9:30 o'clock P.M. found him much more tranquil; temperature 90°, pulse 96; skin moist and perspiring. I left thermometer and a couple of ten-grain doses of quinine, with directions that, should the temperature fall to 100°, the mixture was to be suspended, and ten grains of quinine were to be given respectively at midnight and 5 o'clock A.M.

Saw R. K. F. at 5 o'clock A.M. Left him ten grains of quinine (as I supposed), to take at 10 o'clock A.M., unless the temperature should rise. I returned from the country and saw him five minutes after he had taken the medicine. He seemed much better; circulation and temperature normal.

At 1:30 o'clock P.M. was called hurriedly to see him. His wife was much alarmed; said he hadn't seemed so well since taking the medicine at 10 o'clock A.M.; that for the last hour she could hardly keep him awake. I aroused him without any difficulty, found him with a small, thready pulse of 120, temperature 96°, pupil slightly contracted, no perspiration, was a little nervous and jerky, was disposed to resume his slumber when we ceased talking to him; had rather a vacant stare, with confused ideas, when awakened. By reason of a change in the arrangement of medicine in my saddle-pockets consequent on an accident a short time before, I feared, and from the indications at the time believed, that I had left through mistake ten grains of morphia instead of quinine for him to take at 10 o'clock A.M. of the 4th. I made known to the wife my fears. Three hours and a half had intervened since he took the medicine. I supposed the bulk of it had been absorbed, and believing that I would only increase the debility by an emetic, I at once gave hypodermically one fifth grain of atropia, had him to get up and dress, and the friends to walk him and do every thing to keep him awake; gave him large draughts of strong coffee and free doses of carbonate ammonia and whisky. In the meantime sent for Dr. L. We continued the above treatment, giving him two more hypodermic injections of one tenth grain of atropia at intervals of one and a half hours, with ammonia to the nostrils, sinapism to the extremities, cold douches to the head, etc. By half past three o'clock he was comatose, respiration decreasing in frequency, pulse small and rapid. Died between five and six o'clock P.M.

The man evidently died of congestion of

the brain, but as regards his taking the morphia I am not so certain. If he had taken the morphine (at least ten grains in solution) would he not have been either comatose or dead when I saw him, three and a half hours afterward. His stomach contained nothing save a very light breakfast, taken between six and seven o'clock that morning. The pupils responded promptly to the atropia, and continued to dilate until death. There was no stertorous breathing, no clammy perspiration. His pulse was rapid and small, as is not usually the case in opium poisoning. There were only two strong indications of opium, coma and diminished respiration. Might not either have intervened in intense congestion of the brain, say from pernicious fever or tubercular meningitis? Were it to do over again I should be more guarded with the atropia, give it in smaller doses, watching the pupil carefully; though, from whatever cause the congestion was set up, I believe atropia was the remedy. Would be glad to hear from the News, or any of its correspondents, concerning this case.

W. H. BLANTON.

UNION, KY.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS.

Editors Louisville Medical News:

I would respectfully announce that the next annual meeting of the Association of American Medical Editors will be held in the city of Cleveland, Ohio, simultaneously with that of the American Medical Association, on June 5 and 6, 1883.

Order of Exercises, Tuesday, June 5th, 7:15 P. M.: Roll called; reading minutes of previous meeting; president's address and discussion thereon; reports of committees; deferred business; new business; election of members; adjournment.

Wednesday, June 6th, 7:15 P. M.: Roll called; reading minutes of previous meeting; address by Dr. Henry O. Marcy, of Boston; reading of special papers by Dr. John A. Octerlony, of Louisville, Ky., and Dr. Alexander J. Stone, of St. Paul, Minn.; discussion of addresses and papers; reports of committees; deferred business; new business; election of officers and members; adjournment.

The subject of the address to be delivered by the president, Dr. N. S. Davis, Chicago, is The Present Status and Tendencies of the Medical Profession and Medical Journalism. A free discussion upon this im-

portant subject is invited, which will be open not only to members, but to all physicians present. Dr. Marcy's address will be upon the subject of Journalism devoted to the Protection and Concentration of Medical and Surgical Science in Special Departments.

The secretary was authorized at the last meeting of the association, held at St. Paul, Minn., to make the above arrangements for the coming meeting, and also to specially invite all the members of the profession and friends attending the meeting of the American Medical Association to be present. The meetings will be held in the interval between the meetings of the sections of the American Medical Association and the social entertainments of the evening. The sessions will be short and undoubtedly interesting.

J. V. SHOEMAKER, M. D.
Secretary.

THE SOUTHERN EXPOSITION AT LOUISVILLE.

Editors Louisville Medical News:

The Southern Exposition will open at Louisville, August 1, 1883, and continue one hundred days. In the magnitude of its buildings and the comprehensiveness of its displays it will be the most extensive exhibition ever held in this country, with the exception of the National Centennial Exposition of 1876.

It is proposed to make the Southern Exposition complete in all its departments, so that it will have some special attraction for each class of visitors and be variously entertaining and instructive to every one who may attend.

It seems to me that here at a seat of medical learning, and a point from which every year so many instructed young men are sent out into the medical profession, it would be eminently appropriate that an exposition on the scale now contemplated should be complete in the display of medical preparations, surgical instruments, and all the appliances of the art with which the Medical News has to do.

I invite your attention to the subject, and trust that you will present it in this view to your readers, and thus to the thousands of physicians and surgeons throughout the country who look back to Louisville as the place of their instruction.

With an expression of interest from this source, an exhibition will be presented here that may prove as valuable and interesting to your profession as the other lines of ex-

hibit already assured will be entertaining and instructive to those who follow the industries of our land.

Very respectfully,
J. M. WRIGHT,
General Manager.

LOUISVILLE, KY., March 7, 1883.

KENTUCKY PHARMACEUTICAL ASSOCIATION.

Editors Louisville Medical News:

The regular annual meeting of the Kentucky Pharmaceutical Association will be held at Lexington, Ky., Tuesday, May 15th, at 3 P.M., and continue 16th and 17th.

Owing to the removal of Mr. E. S. Porter from Eminence, the place of meeting has been changed to Lexington by the Executive Committee.

As the races take place during the meeting, members wishing to attend can secure rooms by addressing Mr. T. B. Wood, Lexington, Ky., the local secretary.

The new law will come up for discussion. It is therefore very important to have a large attendance. Let every member resolve to bring at least one new member.

GEO. A. ZWICH, *Pres't.*
A. J. ELWANG, *Sec'y.*

Editors Louisville Medical News:

A short time since I had under observation and care a case which presented so many peculiar and interesting features that many of your readers, perhaps, will be interested in its history. The case is as follows:

In the year 1875, Jas. R. began to behave in such a manner as to lead his friends to suspect that he was gradually losing his reason. At that time he was twenty-eight years of age, of robust frame, and strong constitution. Insanity was not hereditary in his family, and he had always been regarded by his associates and those with whom he had business relations as a man of good sense and remarkably clear-headed. His mental alienation first began to manifest itself by occasional attacks of extreme fear. These attacks usually came on at night; at such times he would jump from his bed and run shrieking down stairs, where other members of the family slept, declaring that a mob was after him, seeking to take his life. He would remain in this condition several hours, until he was pacified or

quieted by other members of the household. They occurred, at first, not oftener than once a week, he being perfectly rational in the interval. Gradually the intervals between the attacks began to lessen, and in twelve months after the first manifestation he was adjudged a lunatic and confined in the asylum at Lexington. He remained an inmate of the asylum about one year, when he was pronounced incurable, and, being harmless, was returned to his friends. His manner had changed considerably, having become morose and taciturn, paying but little attention to any one or any thing. At length, after having been at home about a year, he took suddenly to his bed without any apparent cause, and remained there until his death, which occurred in June, 1882.

Now comes the curious part of the case. During the five years intervening between the time he first went to bed and his death, he was never known to walk a step, or even to stand upon his feet, although to all appearances perfectly able to do so. He never spoke except when a person whom he knew entered the room, when he would speak to him politely, ask him "how he came on," and then nothing could induce him to say another word until some one else came in, when he would speak to him in the same way. He would call for his meals when hungry, but was never known to ask for more than one meal a day; he took this at no regular hour, and no amount of persuasion or threats could induce him to eat more than once in the twenty-four hours, and even then very moderately. This kind of life continued for five years with absolutely no variation, he seeming all the time to be well nourished, and physically his health was excellent. On the 10th of May, 1882, he ceased eating altogether, and for *thirty-five days* no nourishment of any kind was taken, he having swallowed nothing at all during that time except a little water occasionally. No medication of any kind was employed; as he resisted all our endeavors to administer medicines or nourishment either orally or by enema. During the time of his fast up to within a few days of his death, his pulse, respiration, and temperature were normal. No cause could be assigned for his death other than starvation.

I submit the case without comment, as neither in my reading or practice have I seen or heard of one exactly similar.

OWENSBORO, KY.

WALTER P. ELLIS.

Selections.

AN INDIAN CURE FOR SYPHILIS is brought forward by our distinguished countryman, Dr. J. Marion Sims, in the British Medical Journal of March 10th. During Dr. Sims's earlier professional career in Alabama, more than forty years ago, he became acquainted with what seemed a remarkably successful treatment of syphilis by the Creek Indians, then his near neighbors. From the aborigines the slaves learned this treatment, and long practiced it successfully it is claimed. Its adoption is thus described by Dr. B. Rush Jones, of Montgomery, Ala.:

There were, some years before our civil war, several obstinate cases of secondary syphilis in Montgomery, which resisted the usual remedies. They went the round of the doctors, and could not be cured. At last one of these consulted a slave, Lawson, belonging to Mr. Barnett, a planter. In despair he went to see Lawson, put himself under his treatment, and in a few weeks was perfectly cured. Soon others followed his example, and were likewise cured. These cures by an obscure negro slave, when the highest representatives of science had failed, were much spoken of and attracted the attention of Dr. George W. McDade, a very intelligent and accomplished physician. Dr. McDade, feeling great interest in the subject, went to see Lawson, and obtained the formula he had used so successfully.

Soon after this, Dr. McDade learned from Dr. James Freeny the following history of the Indian method. Horace King, a mulatto slave, resided among the Creek Indians for several years and learned their method of treating syphilis. Horace, in 1852, heard there were many cases of syphilis on Mr. Gipson's plantation, near Montgomery, and that Drs. Freeny and Banks were the attending physicians, and he called on Dr. Freeny, and told him he had learned a method of treating syphilis from the Creeks which was universally successful. He proposed to take the worst cases on the Gipson plantation for experiment. Drs. Freeny and Banks selected a number of very bad cases, and turned them over to Horace, and watched from day to day his method, while they continued their own plan with the others.

Horace's bad cases recovered more rapidly than Dr. Freeny's milder ones, and then Dr. Freeny adopted the Indian method in the other cases, and has not pursued any other plan since.

Dr. McDade says: "The remedies used by Lawson on Mr. Barnett's plantation were the same as those used by Horace King. They consisted of ten or a dozen indigenous roots, a handful of each, with a quantity of salt, alum, and iron slugs put into three gallons of water, and boiled to one gallon. Of this the patient took a half pint three times a day. There was also a decoction of roots for washing the syphilitic sores. After obtaining these prescriptions, it was a long time before I made any trial of their virtues. I was deterred by the fact that it would be difficult for any patient to drink and retain half a pint, three times a day, of such a vile decoction. The horrors of syphilis could alone inspire a man with courage to take it. However, I saw that those who did were invariably relieved, whether in the first, second, or third stage of the disease.

"Instead of adopting the so-called Indian remedy as I found it, I began by eliminating the alum, salt, iron nails and slugs, and all the roots and herbs that I knew must be absolutely inert. I selected the few among them known to possess medicinal properties; and, instead of making a decoction, as had been done before, and which had to be made in large quantities every day or two, I had them prepared in the form of fluid extracts, which places the remedy on a scientific basis, and insures uniformity of action. The following is the formula that I and my medical friends have been using for many years:

"Fluid extract *Smilax sarsaparilla*, fluid extract of *Stillingia sylvatica* (queen's delight), fluid extract of *Lapa minor* (burdock), fluid extract of *Phytolacca decandra* (poke root), $\frac{aa}{3}$ $\frac{ij}{ij}$; tincture of *Xanthoxylum carolinianum* (prickly ash), $\frac{ij}{ij}$. Take a tea-spoonful in water three times a day before meals, and gradually increase to table-spoonful doses.

"In making the fluid extracts there is some risk of getting a remedy less efficient than the original Indian decoction, because the manufacturer may use roots that have been kept too long and lost some of their active principles, while the decoction used on the plantations was always made of fresh roots just gathered from the woods. In making the fluid extracts, we should therefore be careful to have them made from roots recently gathered."

While Dr. McDade makes fluid extracts of four of his ingredients, he makes a tincture of the fifth. I do not understand why he did not order a fluid of that also. I sim-

ply give the prescription as it was given to me by Dr. McDade and Dr. Rush Jones.

Dr. McDade says: "I could detail many cases illustrating the wonderful anti-syphilitic power of this remedy, but I will give you only two: (1) A negress contracted syphilis from her husband before 1861; they were both treated by Dr. Alfred McDonald, and apparently cured. But they had several children subsequently in rapid succession, and all died of syphilis soon after birth. The husband and wife were then treated by the Indian decoction, and were permanently cured, as shown by the fact that they had several healthy children afterward, at full term, who grew to manhood and to womanhood. None of them ever showed any signs of syphilis, nor have any of their children. (2) A negro girl had syphilitic iritis. The case resisted all treatment by the best physicians of the country. She was nearly blind. She was taken in charge by colored man Lawson, who gave her the Indian remedy, and she was perfectly and permanently cured. These cases occurred more than twenty-five years ago, and have been under my observation ever since."

Dr. McDade has used his compound as an alterative with great success in scrofula, and thinks it would be worth trying in cancer.

Dr. Rush Jones, residing in the city of Montgomery, has a larger field of observation than Dr. McDade, residing in the country, and has really had a larger experience with McDade's anti-syphilitic fluid extract than any one else, and he speaks most favorably of it. He has been treating syphilis for more than forty years, and he says he now has but little dread of undertaking the worst cases, since he has adopted the use of McDade's formula. He repudiates mercury and the iodide of potassium entirely, and says they are unnecessary when McDade's formula is used.

I should be pleased to see the name of McDade used by the profession hereafter to designate the formula and the method of treatment herein set forth. The remedy will doubtless be extensively used, at least for a while, and I sincerely hope that it may prove as efficient here as it has in the hands of my friends in Montgomery, Alabama.

[The hospitals and dispensaries should give this remedy a trial. We all meet cases of syphilis, sometimes, which defy the power of mercury and potash, and while this Indian remedy may, like hundreds of others that have been highly commended, prove inutile, yet it should not be neglected.]

SPINA ON KOCH'S BACILLI.—Dr. Koch's discovery of a special form of microphyle in the sputa and pulmonary tissues of phthisical patients, although not yet a twelve-month old, has given rise to a vast number of imitative experiments by scientific physicians and others in all countries where such observers are to be found. (British Medical Journal.) In the large majority of instances, the views enunciated by Dr. Koch have been fully accepted, and of late still more definite opinions have been expressed as to the clinical significance of the presence or absence of the bacilli. A Viennese observer has, however, boldly entered the lists against Dr. Koch, and, on the strength of numerous original investigations, attacks the theories of the latter as being founded on mistaken or imperfect experiments. A sketch of Dr. Spina's work is given in the *Wien. Allgem. Med. Zeit.* for February 13, 1883. The author, who is an assistant in Professor Stricker's Institute, points out that the tubercle-bacillus, as made manifest by Koch and Ehrlich's method, does not possess any chemical properties peculiar to itself; that the reaction with the anilin dyes is not essentially different from that of some other forms of bacteria; that it is not proved whether all the bacteria stained by Koch's method are of equal importance; that the blue-stained rods do not occur constantly in tubercular products, and that their area of distribution does not correspond with that of the tubercular deposit; that, in tubercles of different degrees of development, and especially those deposited on organs which have no immediate contact with atmospheric air, no bacteria at all have been discovered. He combats, further, the view expressed by Koch that the tubercle-bacilli only increase when at a temperature approaching that of living mammals. On the present position of the tubercle question, Dr. Spina expresses himself equally clearly. He maintains that the idea of the possibility of infection by tubercle has not been proved by the experiments made upon animals. The pathological results so obtained do not essentially differ from those obtained by infection of animals with indifferent tissues of a non-tubercular origin. That the bacilli themselves represent the virus of an infectious disease, or that they possess any characteristic affinity for coloring matters, acids, or alkalies, he does not consider by any means proved by the experiments heretofore recorded. That these lowly organisms find their way from the tissues into the

sputa he regards as a purely gratuitous assumption; they might just as easily find their way into the bronchi with the atmospheric air. The latter view is greatly borne out by the author's inability to discover the bacilli in the tissues of a tubercular peritoneum, where the tuberculous nodules are not placed in direct communication with air. All the cavities of the body which are in such communication contain various organisms, and especially so when they are the subjects of disease. It would be strange indeed if tubercular cavities in the lungs did not contain them. He maintains that our knowledge of tuberculosis rests now as heretofore upon the clinical characteristics of the disease, and upon the occurrence and history of the surroundings of the tubercles themselves. We know how tubercle is formed, but we do not yet know any distinct sign by which the tubercular may be distinguished from all other forms of morbid tissue. To one point only in Dr. Koch's conclusions is some antecedent probably allowed, viz., that the air-passages of persons affected with tubercle present especially favorable conditions for the occurrence and development of the various forms of bacteria. Dr. Spina regards this axiom a startling point for future investigation.

CASTOR-OIL AND GLYCERINE.—Dr. Geo. R. Young, of Belfast, writes to *The Lancet*: A mixture, which is of an agreeable flavor and in which the nauseous smell of the oil is efficiently disguised, can be made thus:

R. Ol. ricini,	3j;
Glycerini,	3j;
Tr. aurantii,	xx;
Tr. senegæ,	iv;
Aquæ, cinnam.	ad 3ss.

This forms a beautiful emulsion, is easily taken even by children, and if administered at bedtime will produce a gentle motion the following morning. In cases of habitual constipation, when this mixture is repeated for three or four nights, it brings about a regular morning motion. The tincture of senega is used to emulsify the oil, and as the quantity employed is small its use can not be objectionable from a therapeutic point of view.

MENSTRUATION.—In an admirable lecture on this subject by Dr. Alfred Wittshire, of London (*British Medical Journal*), in which he adduces strong proof of menstruation in various brutes, the following curious statements are quoted: “*Velpeau (Tr. Comp. de*

l'Art des Accouch., t. 1, p. 126) says that, in Lapland and Greenland, women are not often more regular than every three months; and Gardien (*Tr. d'Accouch. et de Mal. des Femmes, t. 1, p. 233*) pretends that in women in polar countries the menstrual flow takes place only twice or thrice a year.”

PERMANGANATE of potash capsules of two grains are recommended by Dr. James B. Hunter, of New York, in dysmenorrhea.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. A., from March 17, 1883, to March 24, 1883.

Murray, Robert, Colonel and Assistant Surgeon-General, detailed as member of Army Retiring Board, to convene at the call of the President thereof, at Governor's Island, New York Harbor, for the examination of such officers as may be ordered before it. (Par. 2, S. O. 62, A. G. O., March 16, 1883.) *Summers, John E.*, Lieutenant-colonel and Surgeon, detailed as member of Army Retiring Board, to convene at the call of the President thereof, at Omaha, Nebraska, for the examination of such officers as may be ordered before it. (Par. 9, S. O. 62, A. G. O., March 16, 1883.) *Bill, Joseph H.*, Major and Surgeon, detailed as member of Army Retiring Board, to convene at the call of the President thereof, at Omaha, Nebraska, for the examination of such officers as may be ordered before it. (Par. 9, S. O. 62, A. G. O., March 16, 1883.) *Irwin, B. J. D.*, Major and Surgeon, detailed as member of General Court Martial, to meet at Whipple Barracks, Prescott, Arizona Territory, April 23, 1883, for trial of Captain J. P. Walker, 3d Cavalry. (Par. 1, S. O. 62, A. G. O., March 6, 1883.) *Janeway, John H.*, Major and Surgeon, detailed as member of Army Retiring Board, to convene at Governor's Island, New York Harbor, for the examination of such officers as may be ordered before it. (Par. 2, S. O. 62, A. G. O., March 16, 1883.) *Girard, Joseph B.*, Captain and Assistant Surgeon, detailed as member of General Court Martial, to meet at Whipple Barracks, Prescott, Arizona Territory, April 23, 1883, for trial of Captain J. P. Walker, 3d Cavalry. (Par. 1, S. O. 62, A. G. O., March 16, 1883.) *Porter, Joseph Y.*, Captain and Assistant Surgeon, to be relieved from duty in the Department of the East, and will report in person to the Commanding General, Department of Dakota, for assignment to duty. (Par. 1, S. O. 67, A. G. O., March 22, 1883.) *Winne, Chas. K.*, Captain and Assistant Surgeon, granted leave of absence for three months from March 31, 1883, and will be relieved from duty in the Department of the East; and, upon the expiration of his leave of absence, will report in person to the Commanding General, Department of California, for assignment to duty. (S. O. 61, A. G. O., March 15, 1883.)